Town of Hamilton Planning Department
650 Asbury Street
P.O. Box 429
Hamilton, MA 01936

**STORMWATER PERMITTING AUTHORITY**
**APPLICATION FOR STORMWATER MANAGEMENT PERMIT**

**OFFICE USE ONLY**
Application Number: _____
Date: _____

## 1. CONTACT INFORMATION

**Owner**

Name | Telephone Number

Address | Email Address

**Applicant (if different from owner)**

Name | Telephone Number

Address | Email Address

**Engineer (if applicable)**

Name | Telephone Number

Address | Email Address

## 2. PROJECT LOCATION

Address

Assessor's Map / Lot No. | Zoning Classification

## 3. PROJECT TYPE

☐ Residential ☐ Non-Residential (Commercial)

## 4. PROJECT IMPACT

**Area of Land Disturbance**

☐ > 5,000 sq. ft. ☐ > 10,000 sq. ft. ☐ > 21,780 sq. ft. ☐ > 43,560 sq. ft.

**Slope of Land Disturbance**

☐ > 10% ☐ > 15% ☐ > 25%

**Total Cumulative Added Area of Impervious Surface**

☐ ≥ 5,000 sq. ft.

**Volume of Land Disturbance**

☐ > 1,500 cubic yards

## 5. PROJECT DESCRIPTION

**Description:**

## 6. SUBMISSION REQUIREMENTS

**Submission Materials**

☐ Completed Stormwater Management Permit Application

☐ A list of abutters certified by the Assessor's Office

☐ Plans, Drawings, Specifications

☐ Stormwater Management Plan

☐ Operation and Maintenance Plan

☐ Permit Fee

Please submit two (2) paper copies and one (1) electronic copy in PDF format of completed application and submission materials to:

Stormwater Permitting Authority
Hamilton Planning Department
650 Asbury Street
P.O. Box 429
Hamilton, MA 01936

**OFFICE USE ONLY**

☐ Residential ☐ Non-Residential (Commercial)

☐ Administrative Review ☐ Stormwater Management Permit

Comments:

Reviewed By: _____ Date: _____

Fee Paid: _____